



Authorization for Use of Private Vehicles on Official Business

Driver's Name: _____ Date: _____

Employee Position Title: _____ BRV: _____
(For RCUOG Accounting Dept)

Effective Date from: _____

Expiration Date of Vehicle Registration: _____

Estimated Total Miles in Dollars: _____ (_____ Total Miles X \$0.56)

Justification/Reason for using Private Vehicle:

Note: Attach a copy of your car registration, car insurance, and driver's license.

G. L. Account Number: _____

Approvals:

_____, _____, _____
Principal Investigator Signature Date (MM/DD/YYYY)
(Print Name)

_____, _____, _____
UOG Dean/Director Signature Date (MM/DD/YYYY)
(Print Name)

_____, _____, _____
RCUOG Certifying Officer Signature Date (MM/DD/YYYY)
(Print Name)